



REGISTRATION FORM

CSMS Medical Conference

May 20 – 24, 2017

REGISTRATION DEADLINE May 1st, 2017

PLEASE READ – COMPLETE ALL FORMS CAREFULLY, LEGIBLY AND COMPLETELY

Contact Information

Full name as it appears on passport		Degree- (MD, PHD, DO, PA, Etc..)	
Date of Birth	Address- (Must match Billing Address)		City, State, Country
Zip Code	Cell Phone		Email Address
Guest 1 Name	Date of Birth	Guest 2 Name	Date of Birth
Guest 3 Name	Date of Birth	Guest 4 Name	Date of Birth
Number of Rooms needed (based on max combination 3 adults & 1 child or 2 adults & 2 children) [Adults ≥ 12 years old, Child < 12 years old]			
Double occupancy- <i>circle one</i> 1 bed or 2 beds		Triple occupancy- <i>circle one</i> 1 queen/1 twin or 3 twins	

*Email copy of photo page of each guest passport to Conference@usa-cubatours.com

Conference Registration Fees**

Number of people attending conference for CME credits		Quantity
CSMS* Members	\$395.00	
Non-CSMS Members	\$795.00	

*To become a CSMS member and save on this conference, visit www.CSMS.org/join

**Guest or companions of registered physicians, such as child or spouse not attending conference do not have to pay a registration fee.

Conference Package Price

Conference Package Price		
<i>TRYP Havana Libre Hotel</i>		
	<i>CSMS Member</i>	<i>Non-Member</i>
Adult (≥ 12 years) – Double Occupancy	\$3,105.00/pp^{(2) (1)}	\$3,695.00/pp^{(2) (1)}
Adult (≥ 12 years) – Triple Occupancy	\$3,055.00/pp^{(2) (1)}	\$3,645.00/pp^{(2) (1)}
Child (< 12 years) ⁽³⁾	\$2,815.00/pp	\$3,355.00/pp

(1) Single room occupancy is subject to a single supplement charge of \$599.00

(2) Prices based on double occupancy (1 adult + 1 child or 2 children = double occupancy)

(3) Children (less than 12 years old at time of check-in)

Sub-Total of Conference Package (Cost x Number of People)	\$
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Flight Package and Cost: *(this is in addition to Conference package cost)*

1. Round-trip airfare from New York (JFK) or Ft. Lauderdale (FLL) to Havana, Cuba
2. Cuban tourist visa ⁽³⁾
3. Required Cuban Medical Insurance

Select	Flight Package Prices ⁽¹⁾	Details
	\$345.00 - JetBlue	Flight from New York (JFK) to Havana (HAV)
	\$161.00 - JetBlue	Flight from Ft. Lauderdale (FLL) to Havana (HAV)
	Book Your Own	Arrange travel plan to Havana on another airline (We'll help with Cuban tourist Visa ⁽²⁾)

- (1) The airfares quoted are estimates and are subject to change without notification.
- (2) Cuban Visa cost will be \$100.00/pp if using another airline other than the preferred airline JetBlue
- (3) If traveling on JetBlue to Havana, each guest will be required to purchase their Cuban tourist visa at the JetBlue ticket counter, cost is \$50.00

JetBlue Rewards #	Sub-Total of Flights (Cost x Number of People) ⁽¹⁾	\$
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Itinerary Options Schedule

Most of the excursions are included in the Conference Package price and this schedule is to help us plan each excursion. We have also included some excursions that are extra, along with many shows/events for entertainment after dinner. Please take some time and let us know which excursions/events and times you would be interested in.

Date	Description	Cost (USD)	Number of People Attending
May 20 th	Latin Jazz Dinner (7:30pm-10:30pm)	\$0.00	
May 21 st	Full day guided tour of Old Havana (W/ Lunch)	\$0.00	
	Club Havana Beach and Pool Club (free shuttle)	\$0.00	
	Dinner at La Guarida (7:00pm-9:00pm)	\$0.00	
	Tropicana show Starts 9:30pm	\$130.00	
May 22 nd	Classic Car tour (9:30am-12:00pm)	\$0.00	
	Classic Car tour (2:30pm-5:00pm)	\$0.00	
	Hemingway Tour (9:00am-12:00pm)	\$0.00	
	Hemingway Tour (2:00pm-5:00pm)	\$0.00	
	Club Havana Beach and Pool Club (free shuttle)	\$0.00	
	Vinales – Pinar del Rio (7:45am to 7:00pm w/Lunch)	\$0.00	
	Buena Vista Social Club Starts 8:30pm	\$50.00	
	Tropicana show Starts 9:30pm	\$130.00	
	El Morro Cannon Ceremony Starts 8:30pm	\$35.00	
	Club 1830 Salsa Night (after 9:00pm)	\$25.00	

	Jazz Café (Live Jazz Music) (after 9:00pm)	\$25.00	
May 23rd	Cigar Demonstration Tour Starts at 5:00pm	\$0.00	
	Classic Car tour (9:30am-12:00pm)	\$0.00	
	Classic Car tour (2:30pm-5:00pm)	\$0.00	
	Hemingway Tour (9:00am-12:00pm)	\$0.00	
	Hemingway Tour (2:00pm-5:00pm)	\$0.00	
	Club Havana Beach and Pool Club (free shuttle)	\$0.00	
	Gala Dinner (7:30pm-11:00pm)	\$0.00	
Sub-Total of Itinerary Options		\$	

Total Payment

<u>Item</u>	<u>Sub Totals</u>
Conference Registration Fee	\$
Conference Package Price	\$
Itinerary Options Price	\$
Flight Package Price	\$
	Total Cost: \$

Due to restrictions in the host country, all participants must pre-register and fully pay for the Conference Package, Registration Fee, Flights and Itinerary Options by April 1st, 2017.

We apologize but we will not be able to accept any kind of payment
(Registration fees, tickets, etc.) at the conference venue.

Payment Information

I hereby authorize USA-CUBA Tours to process this payment

<u>Credit Card</u> – select one <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		<u>Account Number</u>	<u>Expiration Date</u> (mm/yy)
Name of Cardholder: <i>as it appears on card</i>		CCV Number	<u>Payment Total</u>
Signature of Cardholder: <i>Required</i>			

All checks made payable to USA-CUBA TOURS

Please send payment with completed forms and copy of each guest passport by mail or Email to

USA-CUBA TOURS
3340 SE Federal Highway, PMB 248
Stuart, FL 34997
Email: Conference@usa-cubatours.com

EMERGENCY CONTACT

Name	Relationship
Phone Numbers: Cell Phone:	Home Phone:

INSURANCE IN CUBA – In case you need medical treatment, hospitals and clinics for tourists are conveniently located throughout the country. Cuban medical insurance is included in the price of the package and covers 100% of medical expenses up to \$25,000 and re-patriation or transportation due to illness, accident, or death (up to \$7000) - except as noted below. Your hotel has first aid stations and nurses for immediate attention to minor illnesses or injuries. Your insurance will cover treatment in the hotel and at a clinic if necessary. **PLEASE NOTE: Cuban health insurance does not cover treatment for a pre-existing condition – you are liable for the costs incurred from the treatment of a preexisting condition.** You may seek reimbursement from your USA insurance company; if your USA policy so provides.

CANCELLATION & MEDICAL TRAVEL INSURANCE

PLEASE NOTE: The purchase of cancellation/medical travel insurance is strongly recommended. Most travel insurance policies include both cancellation and medical coverage. To have a preexisting condition covered (available as a refundable reason to cancel) you will need to purchase your insurance within 14 days from the date of your deposit payment.

PURCHASING CANCELLATION & MEDICAL TRAVEL INSURANCE

Each participant is responsible for acquiring their own trip cancellation and medical insurance. We recommend using Square Mouth www.squaremouth.com to search for the best trip cancellation and medical insurance policies.

Terms and Conditions

No Liability: USA-CUBA Tours and Connecticut State Medical Society (CSMS), operate these conference/tours independent of the hotels, airlines and other entities that are used on the conference/tours. Tour services provided in connection with the conference including without limitation transportation, lodging, and sightseeing are provided by the carrier, hoteliers, and other suppliers that are independent contractors and not agents for, employees, partners, or joint venture participants of USA-CUBA Tours or CSMS. USA-CUBA Tours and CSMS are not responsible for acts or omissions of such independent contractors.

I agree that USA-CUBA Tours and CSMS have no liability or responsibility for injury, delay, irregularity, loss, damage, injury or death to person or property, additional costs, losses or injuries resulting directly or indirectly from acts of nature, detention, weather, government, political forces, terrorism, crime, failure of any means of transportation to comply with schedules, accommodations, food, travel, day-to-day trip activities, quarantines, strikes, trade embargoes, discrepancies, or changes in transit or living accommodations, or accidents of any kind, whether such loss arises out of or are incident to the program or otherwise. USA-CUBA Tours and CSMS are not liable for injury, death, damage, loss, accident, delay, irregularity in connection with the service of any automobile, motor coach, airplane, launch or any other conveyance used in carrying out this program or for the acts or defaults of any company or person engaged in conveying the passenger or in carrying out the arrangements of the program.

I release and agree to indemnify, defend and hold harmless, USA-CUBA Tours and CSMS and its respective officers, trustees, members, employees, agents, contractors, agents, heirs and assigns, from or

regarding any and all claims, demands, rights, and causes of action of whatsoever kind and nature, by the undersigned or any other person, arising from or by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, financial damages, penalties, levies, fines assessments, duties, and/or attorney's fees and the consequences thereof, or any loss whatsoever, resulting, arising from or related to the undersigned's anticipated or actual participation and travel to, within and from Cuba.

I understand the USA-CUBA Tours and CSMS reserve the right to decline to accept or retain any person as a member of this tour. The right is reserved to substitute hotels specified for others of similar category. The right is reserved to make adjustments in the itinerary. Speakers may be substituted or canceled based on availability. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure. USA-CUBA Tours and CSMS will not be held responsible for any loss or damage to luggage and/or personal property during the tour program.

TRIP CANCELLATION INSURANCE AND INTERRUPTION INSURANCE IS STRONGLY RECOMMENDED. Please note: the itinerary is subject to change without notice. Cost is based on prices quoted to us as of February 23, 2017. Any increases in those costs will by necessity be passed on to participants at which time you may then choose to cancel participation in the conference and a full refund will be given. USA-CUBA Tours and CSMS are not responsible for any expenses or losses incurred resulting from the buyer's cancellation of this trip. USA-CUBA Tours and CSMS are not responsible for any losses that would be covered by the purchase of travel insurance that has been offered, including trip cancellation, evacuation, travel accident, limited sickness, expenses incurred by delays, baggage loss and illness.

MINIMUM GROUP SIZE: Minimum group size is 20 full pay travelers. If this number is not met, the trip may cancel and you will receive a full refund. Air schedules between USA and Cuba are subject to change. USA-Cuba Tours and CSMS are not responsible for costs incurred due to any changes in flight time.

Registration forms and a legible copy of each guest's passport with a \$600 per person deposit are due at the time of registration. Your deposit is fully refundable if you cancel prior to March 18, 2017 or if space on the trip is not available. Your deposit is not refundable after that date. The balance is due by close of business April 1, 2017. Your payment is subject to cancellation policies after March 20, 2017.

NOTE: your cancellation must be in writing and received by USA-CUBA Tours by the close of business on the relevant cancellation dates above.

I have read, understand, accept and agree with these terms and conditions. I have read about the Cuban Insurance coverage detailed in the trip materials. All Terms and Conditions are available on <http://www.usa-cubatours.com/terms-conditions/>

Print Name _____

Signature _____

Date _____

TRAVEL AFFIDAVIT

Please fill out and sign one per guest

I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following category and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category below.

General License

I am traveling to Cuba pursuant to the general people to people license as per authority of 31 CFR 515.565 (b) and consistent with section 515.575 of the regulations. Such general license permits individuals to engage in authorized related travel transactions and educational exchange activities pursuant to a general license authorized by the Department of Treasury, Office of Foreign Assets Control (OFAC). The purpose of this general license is to create meaningful interaction between trip participants and individuals in Cuba.

Name(s): _____

Date of Birth: _____

Phone Number: _____

Address: _____

I certify and/or affirm that the above information is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____